

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court**  
**Southern District of New York**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>14-1815979</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>1418 Route 300, Suite 106</b> <b>Newburgh, NY</b> ZIP Code <b>12550</b>	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: <b>Orange</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

<p><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p><b>Nature of Business</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p>	<p><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p>
<p><b>Chapter 15 Debtors</b></p> <p>Country of debtor's center of main interests:</p> <p>Each country in which a foreign proceeding by, regarding, or against debtor is pending:</p>	<p><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p><b>Nature of Debts</b> (Check one box)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
		<p><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>

<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>											THIS SPACE IS FOR COURT USE ONLY																							
<p>Estimated Number of Creditors</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> <td></td> </tr> </table>											<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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<p>Estimated Assets</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> <td></td> </tr> </table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion									
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B1 (Official Form 1)(04/13)

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.  <b>X</b> _____ Signature of Attorney for Debtor(s) _____ (Date)		
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</li> <li><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</li> <li><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</li> </ul>		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes) <ul style="list-style-type: none"> <li><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)   <hr/> (Name of landlord that obtained judgment)   <hr/> (Address of landlord) </li> <li><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</li> <li><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</li> <li><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</li> </ul>		

B1 (Official Form 1)(04/13)

**Voluntary Petition**

(This page must be completed and filed in every case)

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of Attorney\*****X /s/ Thomas Genova**

Signature of Attorney for Debtor(s)

**Thomas Genova 4706**

Printed Name of Attorney for Debtor(s)

**Genova & Malin**

Firm Name

**1136 Route 9  
Wappingers Falls, NY 12590**

Address

**845-298-1600**

Telephone Number

**September 9, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Glen S. Kay, M.D., F.A.C.E.P.**

Signature of Authorized Individual

**Glen S. Kay, M.D., F.A.C.E.P.**

Printed Name of Authorized Individual

**Chief Executive Officer**

Title of Authorized Individual

**September 9, 2015**

Date

Name of Debtor(s):

**Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care****Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Southern District of New York**

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Debtor(s)

Case No.

Chapter

11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>1400 Route 300, LLC 2975 Westchester Ave Purchase, NY 10577</b>	<b>Vincent A. Delorio Law Firm 2975 Westchester Ave Purchase, NY 10577</b>	<b>Past rent from prior location (no longer leasing property)</b>		<b>1,935.23</b>
<b>Alpha-Tech. Inc. 175 Highland Drive Marlboro, NY 12542</b>	<b>Alpha-Tech, Inc. 175 Highland Drive Marlboro, NY 12542</b>	<b>Business debt</b>		<b>4,519.86</b>
<b>Americorp Financial, LLC 877 South Adams Road Birmingham, MI 48009</b>	<b>Americorp Financial, LLC 877 South Adams Road Birmingham, MI 48009</b>	<b>Americomp AM2 x-ray machine and accessories</b>		<b>85,114.62 (22,500.00 secured) (258,462.09 senior lien)</b>
<b>Amex Business Platinum Card PO Box 981535 El Paso, TX 79998-1535</b>	<b>American Express Company 200 Vesey Street New York, NY 10285</b>	<b>Credit card debt</b>		<b>35,018.98</b>
<b>Bank of America PO Box 15796 Wilmington, DE 19886-5019</b>	<b>Bank of America Corp. Office 100 N. Tryon Street Charlotte, NC 28255</b>	<b>Credit card debt</b>		<b>13,482.82</b>
<b>DELL Business Credit 2300 West Plano Parkway Plano, TX 75075</b>	<b>DELL Financial Services POB 81577 Austin, TX 78708</b>	<b>Business credit revolving account</b>		<b>7,177.19</b>
<b>Dept of the Treas. Debt Manag. P.O. Box 979101 Saint Louis, MO 63197-9000</b>	<b>Debt Management Services P.O. Box 83079 Birmingham, AL 35283</b>	<b>CMS/Medicare settlement agreement</b>		<b>14,000.00</b>
<b>Ethan Allen Personnel Group 21 Old Main Street, Ste 102 Fishkill, NY 12524</b>	<b>Amos Weinberg 49 Somerset Drive South Great Neck, NY 11020</b>	<b>Settlement agreement regarding Poughkeepsie City Court action</b>		<b>11,500.00</b>
<b>Glen Kay, MD, FACEP 214 Hudson Hills Drive Newburgh, NY 12550</b>	<b>Glen S. Kay, MC, FACEP 214 Hudson Hills Drive Newburgh, NY 12550</b>	<b>Loans to business</b>		<b>263,714.75</b>

B4 (Official Form 4) (12/07) - Cont.

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
GreatAmerica Financial Svcs. 625 First Street SE, Suite 800 Cedar Rapids, IA 52401	GreatAmerica Financial Svcs. 625 First Street SE, Suite 800 Cedar Rapids, IA 52401	Past due balance on lease for Toshiba e-STUDIO2050c copier system, Zultys MX250 phone system, and expired lease for old Toshiba copier	Contingent Unliquidated Disputed	29,107.89
McKesson Medical-Surgical P.O. Box 63404 Cincinnati, OH 45263-4404	McKesson Corp. Office One Post Street San Francisco, CA 94104	Business debt		12,452.19
Michael Witkowski 1730 Fiero Avenue Schenectady, NY 12303	Michael Witkowski 1730 Fiero Avenue Schenectady, NY 12303	Personal accounts for business debt (HVFCU line of credit and Sams Club account)		20,978.89
MVP Health Care 625 State Street, POB 2207 Schenectady, NY 12301-4793	GB Collects 145 Bradford Drive West Berlin, NJ 08091	Business debt		8,935.16
Porpiglia Electrical Cont. P.O. Box 245 Milton, NY 12547	Porpiglia Electrical Cont. 2002 Route 9W Milton, NY 12547	Business debt		2,510.84
Poughkeepsie Journal 85 Civic Center Plaza Poughkeepsie, NY 12601	Marinstein & Marinstein, Esqs 22 First Street, Box 155 Troy, NY 12181	Business debt		6,751.25
Quest Diagnostics, Inc. 1 Malcolm Avenue, Dept 50 Teterboro, NJ 07608-1070	Michael A. Rosenberg 875 Third Avenue, 8th Floor New York, NY 10022	Business debt		7,942.78
Quest Diagnostics, Inc. 1201 South Collegeville Road Collegeville, PA 19426	Brown & Joseph, LTD PO Box 59838 Schaumburg, IL 60159	Business debt		15,087.50
Sanofi Pasteur, Inc. 1 Discovery Drive Swiftwater, PA 18370	Credit Services Department 1 Discovery Drive Swiftwater, PA 18370	Business debt		4,515.28
Sterling National Bank 400 Rella Blvd Montebello, NY 10901	Sterling National Bank 400 Rella Blvd Montebello, NY 10901	Phycicians Checking Payroll Account		3,999.23
Verizon 140 West St New York, NY 10013	Verizon 140 West St New York, NY 10013	Business debt	Contingent Unliquidated Disputed	1,805.16

B4 (Official Form 4) (12/07) - Cont.

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Chief Executive Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date September 9, 2015

Signature /s/ Glen S. Kay, M.D., F.A.C.E.P.  
Glen S. Kay, M.D., F.A.C.E.P.  
Chief Executive Officer

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court**  
**Southern District of New York**

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Debtor

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

**11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>5</b>	<b>590,762.46</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>443,791.34</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>5</b>		<b>467,278.89</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>15</b>			
	Total Assets		<b>590,762.46</b>		
		Total Liabilities		<b>911,070.23</b>	

**United States Bankruptcy Court**  
**Southern District of New York**

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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**None**

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**Sub-Total >      0.00      (Total of this page)****Total >      0.00**

(Report also on Summary of Schedules)

**0** continuation sheets attached to the Schedule of Real Property

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Sterling National Bank Physician Checking Acct #4431 (Operating Account)</b>	-	<b>37.28</b>
		<b>Sterling National Bank Physician Checking Acct #4443 (EFT Account)</b>	-	<b>0.00</b>
		<b>Sterling National Bank Basic Bus. Checking Acct #4429 (Payroll Tax Account)</b>	-	<b>0.00</b>
		<b>Merill EDGE Acct # 1B17</b>	-	<b>740.00</b>
		<b>Bank of America EFT Account #4488 (Closed 08/26/2015 with zero balance)</b>	-	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with landlord for shopping center space</b>	-	<b>3,347.14</b>
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
			Sub-Total > (Total of this page)	<b>4,124.42</b>

4 continuation sheets attached to the Schedule of Personal Property

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		<b>Accounts Receivable as of 08/28/2015 (approximately 50% collectible)</b>	-	<b>539,281.04</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
				Sub-Total > (Total of this page)
				<b>539,281.04</b>

Sheet 1 of 4 continuation sheets attached  
to the Schedule of Personal Property

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1998 Spartan Transit Bus</b>	-	<b>3,300.00</b>
		<b>2002 Dodge Caravan</b>	-	<b>1,732.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<b>Kodak Vita LE Carestream Scanner</b>	-	<b>6,500.00</b>
		<b>Office Desks (4)</b>	-	<b>400.00</b>
		<b>Desk Chairs (10)</b>	-	<b>450.00</b>
		<b>Waiting Room Chairs (15)</b>	-	<b>375.00</b>
		<b>Waiting Room Tables (3)</b>	-	<b>45.00</b>
		<b>Television (waiting room)</b>	-	<b>150.00</b>
		<b>Conference Table</b>	-	<b>100.00</b>
		<b>Kitchen Table</b>	-	<b>50.00</b>
		<b>Steel Filing Cabinets (4)</b>	-	<b>400.00</b>
				<b>Sub-Total &gt;</b>
				<b>13,502.00</b>
			(Total of this page)	

Sheet 2 of 4 continuation sheets attached  
to the Schedule of Personal Property

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		<b>Folding Tables (2)</b>	-	<b>100.00</b>
		<b>Folding Chairs (5)</b>	-	<b>75.00</b>
		<b>High Stools (4)</b>	-	<b>140.00</b>
		<b>Low Stools (5)</b>	-	<b>300.00</b>
		<b>Exam Tables (8)</b>	-	<b>1,400.00</b>
		<b>PT Room Chairs (8)</b>	-	<b>120.00</b>
		<b>Printers (5)</b>	-	<b>625.00</b>
		<b>Dell Slim Client Computers (15)</b>	-	<b>3,000.00</b>
		<b>Computer Monitors (30)</b>	-	<b>1,500.00</b>
		<b>Assorted Office Supplies</b>	-	<b>380.00</b>
		<b>Coffee Machine</b>	-	<b>25.00</b>
		<b>Freezer</b>	-	<b>25.00</b>
		<b>Refrigerator</b>	-	<b>75.00</b>
		<b>Microwave</b>	-	<b>40.00</b>
		<b>Fujitsu Scanners (8)</b>	-	<b>2,000.00</b>
29.		<b>Hearing Booths (2)</b>	-	<b>600.00</b>
		<b>Fit Testing Equipment</b>	-	<b>250.00</b>
		<b>Visionaries</b>	-	<b>60.00</b>
		<b>PT ER Stretchers (2)</b>	-	<b>500.00</b>
		<b>Shelving Units (8)</b>	-	<b>640.00</b>
		<b>Bookshelves (4)</b>	-	<b>200.00</b>
		<b>Lifepack 12 (2)</b>	-	<b>3,000.00</b>
		<b>Americorp AM2 x-ray machine and accessories</b>	-	<b>16,000.00</b>
30.		<b>Assorted Medical Supplies</b>	-	<b>2,800.00</b>
			Sub-Total > (Total of this page)	<b>33,855.00</b>

Sheet 3 of 4 continuation sheets attached  
to the Schedule of Personal Property

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

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Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>590,762.46</b>

Sheet 4 of 4 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

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**Debtor**

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No.

---

**Debtor**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule E.

**4** continuation sheets attached

### Subtotal

(Total of this page)

54,956.89

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>2861</b>		<b>Business credit revolving account</b>				
<b>DELL Business Credit 2300 West Plano Parkway Plano, TX 75075</b>	-					<b>7,177.19</b>
Account No. <b>PA14042910</b>		<b>09/02/2014 CMS/Medicare settlement agreement</b>				
<b>Dept of the Treas. Debt Manag. P.O. Box 979101 Saint Louis, MO 63197-9000</b>	-					<b>14,000.00</b>
Account No. <b>4370</b>		<b>05/31/2015 Business debt</b>				
<b>Dowser Spring Water One Pepsi Way Newburgh, NY 12550</b>	-					<b>98.40</b>
Account No.		<b>04/2015 Settlement agreement regarding Poughkeepsie City Court action</b>				
<b>Ethan Allen Personnel Group 21 Old Main Street, Ste 102 Fishkill, NY 12524</b>	-					<b>11,500.00</b>
Account No. <b>7391</b>		<b>05/27/2015 Business debt</b>				
<b>FedEx 942 South Shady Grove Road Memphis, TN 38120</b>	-					<b>322.12</b>
Sheet no. <b>1</b> of <b>4</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>33,097.71</b>

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No.		12/31/2012 Loans to business			
Glen Kay, MD, FACEP 214 Hudson Hills Drive Newburgh, NY 12550	-				
Account No. 2271, 4000, 4001		07/28/2015 Past due balance on lease for Toshiba e-STUDIO2050c copier system, Zultys MX250 phone system, and expired lease for old Toshiba copier	X	X	X
GreatAmerica Financial Svcs. 625 First Street SE, Suite 800 Cedar Rapids, IA 52401	-	Business debt			
Account No. 3988					
McKesson Medical-Surgical P.O. Box 63404 Cincinnati, OH 45263-4404	-				
Account No.		Personal accounts for business debt (HVFCU line of credit and Sams Club account)			
Michael Witkowski 1730 Fiero Avenue Schenectady, NY 12303	-				
Account No.		Business debt			
MVP Health Care 625 State Street, POB 2207 Schenectady, NY 12301-4793	-				
Sheet no. <u>2</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			
					335,188.88

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No.		<b>Business debt</b>			
One Advantage LLC 1232 W. State Road La Porte, IN 46350	-				1,423.37
Account No.		<b>04/02/2015 Business debt</b>			
Porpiglia Electrical Cont. P.O. Box 245 Milton, NY 12547	-				2,510.84
Account No.		<b>Business debt</b>			
Poughkeepsie Journal 85 Civic Center Plaza Poughkeepsie, NY 12601	-				6,751.25
Account No. 4380, 4379, 0851		<b>07/30/2015 Business debt</b>			
Quest Diagnostics, Inc. 1201 South Collegeville Road Collegeville, PA 19426	-				15,087.50
Account No. 8965		<b>08/12/2015 Business debt</b>			
Quest Diagnostics, Inc. 1 Malcolm Avenue, Dept 50 Teterboro, NJ 07608-1070	-				7,942.78
Sheet no. <u>3</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			33,715.74

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM				
			CONTINGENT	UNLIQUIDATED	DISPUTED		
Account No. <b>3583</b>		<b>Business debt</b>					<b>4,515.28</b>
Sanofi Pasteur, Inc. 1 Discovery Drive Swiftwater, PA 18370	-						
Account No. <b>4429</b>		<b>Phycicians Checking Payroll Account</b>					<b>3,999.23</b>
Sterling National Bank 400 Rella Blvd Montebello, NY 10901	-						
Account No. <b>0428</b>		<b>08/12/2015 Business debt</b>		X	X	X	<b>1,805.16</b>
Verizon 140 West St New York, NY 10013	-						
Account No.							
Account No.							
Sheet no. <b>4</b> of <b>4</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				<b>10,319.67</b>
			Total (Report on Summary of Schedules)				<b>467,278.89</b>

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Ford Motor Credit PO Box 542000 Omaha, NE 68154-8000	18 months remaining on 36-month lease for 2014 Ford Escape
Great America Financial Services 625 1st Street, Suite #800 Cedar Rapids, IA 52401	Toshiba ES 2050C copy machine
Great America Financial Services 625 1st Street, Suite #800 Cedar Rapids, IA 52401	Zultys MX250 phone system
Meadow Hill Realty, LLC 356 Meadow Avenue Newburgh, NY 12550	5 year lease expires 08/31/2019 on 9,168 square feet of office space located in Unit #6 of shopping center

In re **Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care**

Case No. \_\_\_\_\_

Debtor

**SCHEDE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

 Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Glen Kay, MD, FACEP 214 Hudson Hills Drive Newburgh, NY 12550</b>	<b>Various business debts</b>
<b>OMNI Equities of the HV, LLC 1418 Route 300 Newburgh, NY 12550</b>	<b>Advance Restaurant Finance LLC 1300 Concord Ter, Ste 310 Sunrise, FL 33323 (formerly Washington Business Bank, formerly Lap Group, LLC)</b>
<b>OMNI Safety Services, LLC 1400 Route 300 Newburgh, NY 12550</b>	<b>Advance Restaurant Finance 1300 Concord Ter, Ste 310 Fort Lauderdale, FL 33323 (formerly Washington Business Bank, formerly Lap Group, LLC)</b>

**United States Bankruptcy Court  
Southern District of New York**

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Debtor(s)

Case No.

Chapter 11

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Chief Executive Officer of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 17 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date September 9, 2015

Signature /s/ Glen S. Kay, M.D., F.A.C.E.P.

**Glen S. Kay, M.D., F.A.C.E.P.**

**Chief Executive Officer**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court**  
**Southern District of New York**

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Debtor(s)

Case No.

Chapter

11

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

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**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$869,008.00</b>	<b>2015 YTD - Gross receipts, losses expected (tax return extension filed)</b>
<b>\$1,935,522.00</b>	<b>2014 - Gross receipts, losses expected (tax return extension filed)</b>
<b>\$-81,187.00</b>	<b>2013 - Income tax return</b>

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**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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**3. Payments to creditors**

None

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT STILL OWING
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b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
<b>Glen S. Kay, M.D., F.A.C.E.P. 214 Hudson Hills Drive Newburgh, NY 12550 Chief Executive Officer/Medical Director</b>	<b>08/15/2014 through 09/09/2015</b>	<b>\$105,500.00</b>	<b>\$263,714.75</b>

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Americorp Financial, LLC v. Glen S. Kay, M.D., P.C. d/b/a Omni Medical Care Case No. 2014-138611-CK</b>	<b>Judgment proceeding</b>	<b>Circuit Court of Oakland County, Michigan</b>	<b>Judgment entered 01/13/2015</b>
<b>Ethan Allen Personnel Group, Inc. v. Glen S. Kay, M.D., P.C. d/b/a Omni Medical Care Index No. CV-3319/13</b>	<b>Judgment proceeding</b>	<b>City Court of the City of Poughkeepsie County of Dutchess</b>	<b>Settled 04/2015</b>
<b>Henry Schein v. Glen S. Kay, M.D., P.C. d/b/a Omni Medical Care Index No. 002895/2014</b>	<b>Judgment proceeding</b>	<b>Supreme Court of the State of New York County of Orange</b>	<b>Judgment satisfied 03/2015</b>
<b>MBC Ventures, LLC as successor-by-assignment to Bank of America, N.A. v. Glen S. Kay, P.C., M.D. Index No. 003295/2014</b>	<b>Judgment Proceeding</b>	<b>Supreme Court of the State of New York County of Orange</b>	<b>Judgment entered 03/31/2015</b>

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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- None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>Henry Schein 135 Duryea Road Melville, NY 11747</b>	<b>03/2015</b>	<b>Three Sterling Bank checking accounts, totaling approximately \$15,000.00</b>
<b>Americorp Financial, LLC 877 South Adams Road Birmingham, MI 48009</b>	<b>05/2015</b>	<b>Three Sterling Bank checking accounts, totaling \$0.00</b>

#### 5. Repossessions, foreclosures and returns

- None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

- None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

- None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Genova &amp; Malin 1136 Route 9 Wappingers Falls, NY 12590</b>	<b>07/29/2015 Debtor and DeFazio &amp; Zeidan, LLP on behalf of debtor</b>	<b>\$16,760.00</b>

**10. Other transfers**

- None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
		<b>b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.</b>
NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

**11. Closed financial accounts**

- None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Trustco Bank PO Box 1082 Schenectady, NY 12301</b>	<b>Checking CMA Investment Account 8091 \$200.29</b>	<b>\$200.29 closed 06/29/2015</b>
<b>Bank of America PO Box 15019 Wilmington, DE 19886-5019</b>	<b>Bank of America EFT Account #4488 \$0.00</b>	<b>\$0.00 closed on 08/26/2015</b>

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**12. Safe deposit boxes**

None

- List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None

- List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None

- List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None

- If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
<b>1418 Route 300 Suite 106 Newburgh, NY 12550</b>	<b>Glen S. Kay, M.D., P.C d/b/a OMNI Medical Care</b>	<b>10/01/2014 through present</b>
<b>1400 Route 300 Newburgh, NY 12550</b>	<b>Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care</b>	<b>09/01/1999 through 09/30/2014</b>
<b>2656 South Road Poughkeepsie, NY 12601</b>	<b>Glen S. Kay, M.D., P.C b/b/a OMNI Medical Care</b>	<b>08/01/2012 through 09/30/2013</b>

**16. Spouses and Former Spouses**

None

- If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

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- None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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#### **18 . Nature, location and name of business**

- None  a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Glen S. Kay, M.D., P.C.	14-1815979	1418 Route 300, Suite 106 Newburgh, NY 12550	Medical practice/urgent care center	08/06/1999 through present

- None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

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**19. Books, records and financial statements**

- None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS  
**Glen S. Kay, M.D., F.A.C.E.P.**  
**1418 Route 300**  
**Suite 106**  
**Newburgh, NY 12550**

DATES SERVICES RENDERED  
**1999 through present**

**Michael Witkowski**  
**1418 Route 300**  
**Suite 106**  
**Newburgh, NY 12550**

**2010 through present**

- None  b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME <b>Glen S. Kay, M.D., F.A.C.E.P.</b>	ADDRESS <b>1418 Route 300</b> <b>Suite 106</b> <b>Newburgh, NY 12550</b>
<b>Michael Witkowski</b>	<b>1418 Route 300</b> <b>Suite 106</b> <b>Newburgh, NY 12550</b>

- None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

- None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21 . Current Partners, Officers, Directors and Shareholders**

- None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None      b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Glen S. Kay, M.D., F.A.C.E.P. 214 Hudson Hills Drive Newburgh, NY 12550</b>	<b>Chief Executive Officer/Medical Director</b>	<b>100% stock ownership interest</b>

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**22 . Former partners, officers, directors and shareholders**

- None      ■ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
None      ■	b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within <b>one year</b> immediately preceding the commencement of this case.	

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

- None      ■ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Glen S. Kay, M.D., F.A.C.E.P. 214 Hudson Hills Road Newburgh, NY 12550 Chief Executive Officer/Medical Director</b>	<b>08/15/2014 through 09/09/2015 Salary</b>	<b>\$230,000.00</b>
<b>Michael Witkowski 1730 Fiero Avenue Schenectady, NY 12303 Chief Operating Officer</b>	<b>08/15/2014 through 09/09/2015 Salary</b>	<b>\$69,230.88</b>

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**24. Tax Consolidation Group.**

- None      ■ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

- None      ■ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

B7 (Official Form 7) (04/13)

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I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date September 9, 2015

Signature /s/ Glen S. Kay, M.D., F.A.C.E.P.  
**Glen S. Kay, M.D., F.A.C.E.P.**  
**Chief Executive Officer**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Southern District of New York**

In re Glen S. Kay, M.D., P.C. d/b/a OMNI Medical Care

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: September 9, 2015

/s/ Glen S. Kay, M.D., F.A.C.E.P.

**Glen S. Kay, M.D., F.A.C.E.P./Chief Executive Officer**  
Signer>Title

ADVANCE RESTAURANT FINANCE LLC 1300 CONCORD TER, STE 310 SUNRISE, FL 33323	DEPT. OF THE TREASURY P.O. BOX 830794 BIRMINGHAM, AL 35283-0794	MBC VENTURES, LLC 4509 KNIGHT ROAD MACON, GA 31220
ALPHA-TECH. INC. 175 HIGHLAND DRIVE MARLBORO, NY 12542	DOWSER SPRING WATER ONE PEPSI WAY NEWBURGH, NY 12550	MCCARTHY, BURGESS & WOLFF 26000 CANNON ROAD BEDFORD, OH 44146
AMERICORP FINANCIAL, LLC 877 SOUTH ADAMS ROAD BIRMINGHAM, MI 48009	ETHAN ALLEN PERSONNEL GROUP 21 OLD MAIN STREET, STE 102 FISHKILL, NY 12524	MCKESSON MEDICAL-SURGICAL P.O. BOX 63404 CINCINNATI, OH 45263-4404
AMEX BUSINESS PLATINUM CARD PO BOX 981535 EL PASO, TX 79998-1535	FEDEX 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	MEADOW HILL REALTY, LLC 356 MEADOW AVENUE NEWBURGH, NY 12550
BANK OF AMERICA PO BOX 15796 WILMINGTON, DE 19886-5019	FORD MOTOR CREDIT PO BOX 542000 OMAHA, NE 68154-8000	MICHAEL A. ROSENBERG 875 THIRD AVENUE, 8TH FLOOR NEW YORK, NY 10022
BANK OF THE WEST 2527 CAMINO RAMON SAN RAMON, CA 94583	GB COLLECTS, LLC 145 BRADFORD DRIVE WEST BERLIN, NJ 08091-9269	MICHAEL WITKOWSKI 1730 FIERO AVENUE SCHEECTADY, NY 12303
BROWN & JOSEPH, LTD P.O. BOX 59838 SCHAUMBURG, IL 60159-0838	GLEN KAY, MD, FACEP 214 HUDSON HILLS DRIVE NEWBURGH, NY 12550	MVP HEALTH CARE 625 STATE STREET, POB 2207 SCHEECTADY, NY 12301-4793
COMMUNITY COMPUTER SERV. 15 HULBERT STREET, POB 980 AUBURN, NY 13021	GREAT AMERICA FINANCIAL SERVICES OMNI EQUITIES OF THE HV, LLC 625 1ST STREET, SUITE #800 CEDAR RAPIDS, IA 52401	1418 ROUTE 300 NEWBURGH, NY 12550
DELL BUSINESS CREDIT 2300 WEST PLANO PARKWAY PLANO, TX 75075	GREATAMERICA FINANCIAL SVCS. 625 FIRST STREET SE, SUITE 800 CEDAR RAPIDS, IA 52401	OMNI SAFETY SERVICES, LLC 1400 ROUTE 300 NEWBURGH, NY 12550

PORPIGLIA ELECTRICAL CONT.  
P.O. BOX 245  
MILTON, NY 12547

POUGHKEEPSIE JOURNAL  
85 CIVIC CENTER PLAZA  
POUGHKEEPSIE, NY 12601

QUEST DIAGNOSTICS, INC.  
1201 SOUTH COLLEGEVILLE ROAD  
COLLEGEVILLE, PA 19426

QUEST DIAGNOSTICS, INC.  
1 MALCOLM AVENUE, DEPT 50  
TERTBORO, NJ 07608-1070

SANOFI PASTEUR, INC.  
1 DISCOVERY DRIVE  
SWIFTWATER, PA 18370

STERLING NATIONAL BANK  
400 RELLA BLVD  
MONTEBELLO, NY 10901

VERIZON  
140 WEST ST  
NEW YORK, NY 10013